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MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS			ARIZONA STATE BOARD OF HEALTH			STANDARD CERTIFICATE OF DEATH		
1. PLACE OF DEATH						State File No. <u>4560</u>		
County <u>Yavapai</u>			State <u>Arizona</u>			Registered No. <u>8</u>		
District or Township			or Village			or		
City <u>Camp Verde</u>			No. <u>At Ranch Home</u> St.			Ward		
						(If death occurred in a hospital or institution, give its NAME instead of street and number).		
2. FULL NAME <u>Leonard B. Young</u>								
(a) Residence, No. <u>Camp Verde</u>			St. <u>19</u>			Ward		
						(Usual place of abode)		
Length of residence in city or town where death occurred						yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.		
PERSONAL AND STATISTICAL PARTICULARS								
3. SEX <u>M.</u>			4. COLOR or RACE <u>White</u>			5. SINGLE, MARRIED, WIDOWED or DIVORCED. <u>Married</u> (Write the word)		
5a. If married, widowed, or divorced								
HUSBAND of			<u>May Lane Young</u>					
(or) WIFE of								
6. DATE OF BIRTH (month, day and year) <u>April 2, 1871</u>								
7. AGE			Years <u>57</u>			Months <u>9</u>		
			Days <u>13</u>			IF LESS than 1 day, hrs. or min.		
8. OCCUPATION OF DECEASED								
(a) Trade, profession, or particular kind of work <u>Rancher & Stockman</u>								
(b) General nature of industry, business or establishment in which employed (or employer)								
(c) Name of employer								
9. BIRTHPLACE (city or town) <u>London, Canada</u> (State or country)								
10. NAME OF FATHER <u>Joseph Young</u>								
11. BIRTHPLACE OF FATHER <u>Canada</u> (State or country)								
12. MAIDEN NAME OF MOTHER <u>E. Elizabeth Angley</u>								
13. BIRTHPLACE OF MOTHER <u>Canada</u> (State or country)								
14. Informant <u>Mrs. Maggie Young</u> (Address) <u>Camp Verde, Ariz.</u>								
15. File <u>Jan 27, 1930</u> Registrar <u>K. K. K. K.</u>								
MEDICAL CERTIFICATE OF DEATH								
16. DATE OF DEATH <u>Jan 15, 1930</u> Month Day Year								
17. I HEREBY CERTIFY, That I attended deceased from <u>Dec 15, 1929</u> to <u>Jan 14, 1930</u> that I last saw him alive on <u>Jan 14, 1930</u> and that death occurred, on the date stated above, at <u>6:45 A.M.</u> The CAUSE OF DEATH was as follows: <u>Paralysis</u>								
18. Where was disease contracted If not at place of death? Did an operation precede death? <u>no</u> Date of Was there an autopsy? <u>no</u> What test confirmed diagnosis? (Signed) <u>B. Huff</u> M. D. <u>Camp Verde Ariz</u> State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space).								
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>New Camp Verde</u>						DATE OF BURIAL <u>Jan 16-1930</u>		
20. UNDERTAKER <u>Scott & McMillan Jerome</u>								